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EXHIBIT 4
DATE 01/31/07
#B 485

House State Administration Committee

House Bill 485 Social Work Title Protection January 31, 2007

For the record, I am Rose Hughes. I'm the Executive Director of the Montana Health Care Association, an association representing nursing homes and assisted living facilities throughout the state of Montana.

Nursing homes and assisted living facilities care for vulnerable, mostly elderly Montanans, who are likely to have social services needs. They are not required, however, to employ licensed social workers or individuals with a social work degree.

In the case of nursing homes, federal law and regulations specifically require that social services be provided. The types of social services required are outlined in the regulations. The federal regulations specifically discuss who may provide social services in a nursing home. The expectation is that social service needs vary. If the social service need is related to the medical condition of the resident - making an appointment with a specialist, obtaining an assistive device, or dealing with dementia or medications, it is likely that licensed nurses will be involved. If the need is financial or deals with eligibility for or application for Medicaid, someone from the business office might assist, and so on. Some of the people who deal with our residents' social services needs are licensed in other fields, and some are not. In some cases, our facilities employ a social worker with a social work degree. In some cases, individuals doing this work have a degree in another discipline. In some cases they have no degree but have attended educational programs and received orientation and training related to the requirements for social services in nursing homes.

The staff of nursing homes have performed well in terms of providing for the social services needs of our residents. Our concern about this legislation is that it may have the unintended consequence of disrupting what we have in place. We are particularly concerned

about the words on line 11 referring to the use of “any words or symbols”. Many of our facilities have staff that are simply called “social services staff” or “social services director” or “social services designee”. This is not the term “social worker” but do these titles fall under the category of “any words” which might indicate the person is a social worker?

In addition, nursing homes with over 120 beds are required by federal law to employ a “qualified social worker” on a full time basis. Federal regulations define a “qualified social worker” as an individual with a “bachelor’s degree in social work or a bachelor’s degree in a human services field including but not limited to sociology, special education, rehabilitation counseling, and psychology.” So, these facilities must have someone they hold out to be a “qualified social worker” but according to federal regulation, that individual does not have to have a degree in social work.

The sponsor of this bill has kindly offered to work on an amendment that might resolve our issues. We would be happy to work with her and those supporting this legislation on an appropriate amendment.

Our concern is that we be able to continue to provide care to our residents in a manner consistent with our current practices. We are not aware of any issues with the way the social service needs of our residents are being met - so there is no need for us to change our practice.

Thank you for the opportunity to provide input. I would be happy to address any questions you may have.

TAG NUMBER	REGULATION	GUIDANCE TO SURVEYORS
		GUIDANCE TO SURVEYORS
F250	(9) Social Services.	<p>Intent: §483.15(g)</p> <p>To assure that sufficient and appropriate social services are provided to meet the resident's needs.</p> <p>Guidelines: §483.15(g)(1)</p> <p>Regardless of size, all facilities are required to provide for the medically related social services needs of each resident. This requirement specifies that facilities aggressively identify the need for medically-related social services, and pursue the provision of these services. It is not required that a qualified social worker necessarily provide all of these services. Rather, it is the responsibility of the facility to identify the medically-related social service needs of the resident and assure that the needs are met by the appropriate disciplines.</p> <p>"Medically-related social services" means services provided by the facility's staff to assist residents in maintaining or improving their ability to manage their everyday physical, mental, and psycho-social needs. These services might include, for example:</p> <ul style="list-style-type: none"> o Making arrangements for obtaining needed adaptive equipment, clothing, and personal items; o Maintaining contact with family (with resident's permission) to report on changes in health, current goals, discharge planning, and encouragement to participate in care planning; o Assisting staff to inform residents and those they designate about the resident's health status and health care choices and their ramifications; o Making referrals and obtaining services from outside entities (e.g., talking books, absentee ballots, community wheelchair transportation); o Assisting residents with financial and legal matters (e.g., applying for pensions, referrals to lawyers, referrals to funeral homes for preplanning arrangements); o Discharge planning services (e.g., helping to place a resident on a waiting list for community congregate living, arranging intake for home care services for residents returning home, assisting with transfer arrangements to other facilities); o Providing or arranging provision of needed counseling services; o Through the assessment and care planning process, identifying and seeking ways to support residents' individual needs and preferences, customary routines, concerns and choices; o Building relationships between residents and staff and teaching staff how to understand and support residents' individual needs; o Promoting actions by staff that maintain or enhance each resident's dignity in full recognition of each resident's individuality; o Assisting residents to determine how they would like to make decisions about their health care, and whether or not they would like anyone else to be involved in those decisions;

GUIDANCE TO SURVATORS - LONG TERM CARE FACILITIES

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P250 Cont.		<p>P250 Cont.</p> <ul style="list-style-type: none"> o Finding options that most meet the physical and emotional needs of each resident; o Providing alternatives to drug therapy or restraints by understanding and communicating to staff why residents act as they do, what they are attempting to communicate, and what needs the staff must meet; o Meeting the needs of residents who are grieving; and o Finding options which most meet their physical and emotional needs. <p>Factors with a potentially negative effect on physical, mental, and psycho-social well-being include an unmet need for:</p> <ul style="list-style-type: none"> o Dental/denture care; o Podiatric care; o Eye care; o Hearing services; o Equipment for mobility or assistive eating devices; and o Need for home-like environment, control, dignity, privacy. <p>Where needed services are not covered by the Medicaid State Plan, nursing facilities are still required to attempt to obtain these services. For example, if a resident requires transportation services that are not covered under a Medicaid State Plan, the facility is required to arrange those services. This could be achieved, for example, through obtaining volunteer assistance.</p> <p>Types of conditions to which the facility should respond with social services by staff or referral include:</p> <ul style="list-style-type: none"> o Lack of an effective family/social support system; o Behavioral symptoms: <p>If a resident with dementia strikes out at another resident, the facility should evaluate the resident's behavior. For example, a resident may be re-enacting an activity he or she used to perform at the same time everyday. If that resident senses that another is in the way of his or her re-enactment, the resident may strike out at the resident impeding his or her progress. The facility is responsible for the safety of any potential resident victim while it assesses the circumstances of the resident's behavior;</p> <ul style="list-style-type: none"> o Presence of a chronic disabling medical or psychological condition (e.g., multiple sclerosis, chronic obstructive pulmonary disease, Alzheimer's disease, schizophrenia); o Depression; o Chronic or acute pain; o Difficulty with personal interaction and socialization skills; o Presence of legal or financial problems; o Abuse of alcohol or other drugs; o Inability to cope with loss of function; o Need for emotional support;

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P250 Cont.	<ul style="list-style-type: none"> ○ Changes in family relationships, living arrangements, and/or resident's condition or functioning; and <ul style="list-style-type: none"> ○ A physical or chemical restraint. <p>For residents with or who develop mental disorders as defined by the Diagnostic and Statistical Manual for Mental Disorders (DSM-IV). see §483.45, P405.</p> <p>Probes: §483.15(g)(1)</p> <p>For residents selected for a comprehensive or focused review as appropriate:</p> <ul style="list-style-type: none"> ○ How do facility staff implement social services interventions to assist the resident in meeting treatment goals? ○ How do staff responsible for social work monitor the resident's progress in improving physical, mental and psychosocial functioning? Has goal attainment been evaluated and the care plan changed accordingly? <ul style="list-style-type: none"> ○ How does the care plan link goals to psychosocial functioning/well-being? ○ Have the staff responsible for social work established and maintained relationships with the resident's family or legal representative? <ul style="list-style-type: none"> ○ [NFS] What attempts does the facility make to access services for Medicaid recipients when those services are not covered by a Medicaid State Plan? <p>Look for evidence that social services interventions successfully address residents' needs and link social supports, physical care, and physical environment with residents' needs and individuality.</p> <p>For sampled residents, review MDS, Section B.</p>	
F251	<p>(2) A facility with more than 120 beds must employ a qualified social worker on a full-time basis.</p> <p>(3) Qualifications of a social worker. A qualified social worker is an individual with--</p> <p>(1) A bachelor's degree in social work or a bachelor's degree in a human services field including but not limited to SOCIOLOGY, SPECIAL EDUCATION, REHABILITATION COUNSELING, and PSYCHOLOGY; and</p> <p>[REDACTED]</p> <p>[REDACTED]</p>	<p>Procedures: §483.15(g)(2) and (3)</p> <p>If there are problems with the provision of social services in a facility with over 120 beds, determine if a qualified social worker is employed on a full time basis. See also P250.</p>

GUIDANCE TO SURVEYORS - LONG TERM CARE FACILITIES

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F251 Cont.	(iii) One year of supervised social work experience in a health care setting working directly with individuals.	<p>(h) Environment.</p> <p>The facility must provide--</p> <p>(1) A safe, clean, comfortable and homelike environment, allowing the resident to use his or her personal belongings to the extent possible;</p> <p>Guidelines: <u>\$483.15(h)(1)</u> For "safe" environment, also see Guidelines for §§483.25(h), Accidents, and 483.70(a), Life Safety Code.</p> <p>For personal belongings, also see §§483.10(1). Personal property. For "comfortable" environment, see Guidelines for 483.15(h)(5), Adequate and comfortable lighting levels; 483.15(h)(6), Comfortable and safe temperature levels; and 483.15(h)(7), Comfortable sound levels.</p> <p>A determination of "comfortable" and "homelike" should include, whenever possible, the resident's or representative of the resident's opinion of the living environment.</p>
F252		<p>The absence of a personalized, homelike environment in a resident's room, is not meaningful unless the survey team determines that the absence of personal belongings is a result of facility practices, rather than the result of resident choice or circumstances (e.g., lack of resident funds, lack of family support system, resident's reason for being in the facility, such as short-term rehabilitation).</p> <p>A "homelike environment" is one that de-emphasizes the institutional character of the setting, to the extent possible, and allows the resident to use those personal belongings that support a homelike environment. A personalized, homelike environment recognizes the individuality and autonomy of the resident, provides an opportunity for self-expression and encourages links with the past and family members. Use this Tag when the facility fails to allow the resident to personalize his or her individual environment to the extent possible. Use Tag F224 (483.15(c)) if the facility fails to have a system in place to prevent the misappropriation of resident's property. See §483.10(1) for the requirement regarding personal property.</p> <p>For purposes of this requirement, "environment" refers to any environment in the facility that is frequented by residents, including the residents' rooms, bathrooms, hallways, activity areas, and therapy areas.</p> <p>If the survey team observes that the rooms of residents with dementia do not appear to be homelike, determine if this decision was made in the context of assessment and care planning; i.e., that this environment assists these residents to maintain their highest practicable functioning levels.</p>